



Unless instructed otherwise –
 If you fill in any part of this schedule, attach it to your D-40.
 Print in CAPITAL letters using black ink.

Enter your last name.

Enter your social security number.

Dependents *If you have more than 8 dependents, list them on an attachment.*

| | | |
|------------------------|--------------|--------------------------|
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |
| First name | M.I. | Last Name |
| | | |
| Social security number | Relationship | Date of Birth (MMDDYYYY) |
| | | |

Head of household filers SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

| | | |
|---|------|-----------|
| First name of qualifying non-dependent person | M.I. | Last Name |
| | | |

Last name and SSN

**Calculation G Number of exemptions.**

Do not attach Schedule S to your D-40 if you only filled in Lines a, f and i and have not filled in any other section of Schedule S.

| | | | |
|---|---|---|----------------------|
| a | Enter 1 for yourself and | a | <input type="text"/> |
| b | Enter 1 if you are filing as a head of household and | b | <input type="text"/> |
| c | Enter 1 if you are age 65 or over and | c | <input type="text"/> |
| d | Enter 1 if you are blind | d | <input type="text"/> |
| e | Enter number of dependents | e | <input type="text"/> |
| f | Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return | f | <input type="text"/> |
| g | Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over | g | <input type="text"/> |
| h | Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind | h | <input type="text"/> |
| i | Total number of exemptions Add Lines a–h, enter here and on D-40, Line 18. | i | <input type="text"/> |

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Combine amounts on line k.

| | | You | Your spouse/domestic partner |
|---|---|--|------------------------------|
| a | Federal adjusted gross income. <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i> | a \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| b | Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i> | b \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| c | Add Lines a and b. | c \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| d | Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i> | d \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| e | DC adjusted gross income. Subtract Line d from Line c. | e \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| f | Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i> | f \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| g | Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i> | g \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| h | Add Lines f and g. | h \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| i | Taxable income. Subtract Line h from Line e. Fill in if loss <input type="radio"/> | i \$ <input type="text"/> 00 <input type="radio"/> | \$ <input type="text"/> 00 |
| j | Tax. <i>If Line i is \$100,000 or less, use tax tables on pages 48-57. If more than \$100,000, use Calculation I, page 16</i> | j \$ <input type="text"/> 00 | \$ <input type="text"/> 00 |
| k | Add the amounts on Line j, enter here and on D-40, Line 22. | k \$ <input type="text"/> | 00 Total tax |